out and carefully united to the parietal peritoneum and skin. The bowel was opened on the fourth day. The wound healed rapidly and the patient left the hospital in a month. Neither air nor fæces passed into the bladder from the time of opening the bowel; the urine became clear; the cystitis disappeared, and when last seen, three months later, the patient still continued well.

In some remarks which the author appends, attention is drawn to the comparative rarity of the cases similar to the one under discussion, and the advantages to be derived from colotomy performed in the inguinal region. Should, however, the fistulous communication be between the bladder and small intestine, the operation would be worse than useless.—*Lancet*, Oct., 6, 1888.

H. PERCY DUNN (London).

GYNÆ OLOGICAL.

I. Traumatic Lesions of External Genitals During Pregnancy. By Dr. AFANASY G. BORIAKOVSKY (Kiev). A strong and healthy peasant woman, æt. 18, in the seventh month of her first pregnancy, when carrying a heavy load of wood along some scaffolding about the second story of her house, slipped and fell astride on a wooden balustrade below. A formidable hæmorrhage followed. When admitted, shortly after the accident, to Professor G. E. Rein's clinic, she was suffering from acute anæmia of a high degree. On examination, under chloroform, there was found a triangular contused and lacerated, "sponge-like," profusely-bleeding wound of a dark, livid color, occupying the urethral and vestibular regions; there was present, besides, a deep transverse laceration of the minor labia, especially the left one, and an extensive separation of all soft tissues from the subjacent anterior surface of the pubes. In spite of all efforts, the urethral orifice could not be found, either on the present occasion or on another examination undertaken on the next day. Neither could the woman pass her urine, notwithstanding a strong desire. During 14 hours which passed between the two examinations, hæmorrhage was controlled by means of an iodoform plug, fixed by a T bandage. On removing the dressing, the wound began profusely to bleed again. In

view of the fact, as well as in view of the absolute retention of urine, Prof. Rein proceeded to operate as follows: Having exposed and cleansed the wound, he made an incision into the urethra (at the junction of its anterior and middle thirds) through the vaginal wall and introduced into the canal a sharply bent probe pointing with its end forward. The end at once emerged out of the external orifice of the urethra, which proved to be widely displaced to the left and buried amongst intensely disintegrated soft tissues. Having emptied the bladder with Nélaton's catheter, the operator first closed the vaginal wound with silk sutures; then fixed the urethral orifice in its natural site by means of numerous deep silk sutures radiating from and around the meatus toward the labia, pubes and vagina; afterward stitched all other lesions about the vestibule, and plugged the vagina with iodoform gauze. The after-treatment consisted in catheterization, irrigation of the vagina and the wound with carbolic and sublimate lotions, and opium enemata—the latter for relieving pain and inhibiting any uterine contractions. About the 3d day after the accident fœtal cardiac sounds became inaudible. About the 7th the wound was found healed *per secundam*, except the periphery of the urethra where the first intention was obtained. On the 14th, the patient was delivered of a macerated fœtus, the puerperium running its course without any complications. On the 22d two last sutures were removed. On the 23d, the patient's micturition returned to the normal, and on the 25th, she left, well and sound. When re-examined, 2 months after the accident, she continued to be free from any discomfort on passing water and walking. Neither urethral stricture nor vagino-urethral fistule resulted. The only traces left by the severe lesions were cicatricial contraction of the left minor labium and a pink scar adherent to the pubes at the site of the vestibular wound. Analyzing his remarkable case, Dr. Borïakovsky dwells mainly on the following points of great practical interest.

I. *Influence of Traumatic Injuries to the External Genitals on the Course of Pregnancy.* The fœtus was expelled in anteriorly intact, flabby, opaque, greenish membranes with offensive placenta; the placental attachments of the membranes, however, were torn away and the

expulsion of the ovum was followed by escape of a tumblerful of a thick, fetid, brown fluid. In other words, the violence had caused a serious lesion of the ovum, with intra-uterine extravasation leading to the fœtus's death. Basing his views on the case above, as well as on similar cases published by Thoman (1, in the *Wiener Med. Presse*, 1867, vol. VIII, p. 958) and Mazacz (3, ibid, 1873, vol XIX, p. 189), the author lays down the following propositions concerning traumatic injuries in pregnant women: 1. Acute anæmia, even of high grades, by itself does not induce a premature access of labor, and does not give rise to fœtal death. 2. The maternal anæmia, however, brings about anæmia and lowers vitality of the fœtus. 3. Not all traumatic injuries to a pregnant woman's genitals cause interruption of pregnancy. As a matter of fact, in Mazacz's and Thoman's 4 cases referring to women in from a 6th to an 8th month of gravidity, parturition set in at full term. 4. The interruption can be expected only in such cases where traumatic violence produces a severe concussion of the woman's whole frame, with grave local lesions about the womb and ovum. 5. All other moments, such as general anæmia, reflex action, fright, appear to play a but very subordinate part in the matter.

II. *Traumatic Hæmorrhage From Female Genitals.* In the writer's case, bleeding seemingly was mostly of a parenchymatous character, but was so profuse and obstinate that, had it been left to itself, it could cause the woman's death. Traumatic injuries to female external genitals and vagina are said to be almost invariably accompanied with severe hæmorrhage, which is dependent upon a very rich vascularity of the parts. During pregnancy, that biological peculiarity becomes greatly intensified.

III. *Its Treatment.* The best hæmostatic means in cases under consideration are said to be pressure (by a tampon) and, especially, suturing which not only does arrest bleeding, but also allows the wound to heal kindly, as a rule, *per primam*. In this case, with its singular lesions, the wounds could be closed only after colpo-urethrotomy which had been resorted to as the only means for making out the whereabouts of the meatus. In this regard the case is yet unique. Dr. Boriakovsky believes that the operation is fully justified under

similar circumstances; it is the more so that during pregnancy (with its increased plastic functions) traumatic lesions generally, surgical cut wounds in particular, tend to heal most kindly and rapidly. As a matter of fact, in his case no urethro-vaginal fistule resulted from the operation in question.—*Proceedings of the Kïer Obstetrical and Gynecological Society* for 1887, Vol. I.

II. On Supra-vaginal Amputation of the Uterus. By DR. PETR. A. RAKUZA (Odessa, Russia). The author has made the operation in 12 cases. In 9 of them, it was resorted to on account of uterine fibro-myomata; in a tenth case on account of hæmatometra with hæmatosalpinx and hæmatocolpos; in an eleventh, the amputation became necessary in the course of an unusually difficult double ovariotomy, where there were met with extensive and extremely dense adhesions of cysts with the broad ligaments and womb; in the remaining case, Porro's Cæsarean section for osteo-sarcoma of the pelvis and femur was performed. In seven cases the operation was made after an extra-peritoneal method (first described by Kleberg in 1875), all the patients making good recovery. In the other five cases, an intra-peritoneal operation was performed, with 3 recoveries and 2 deaths from peritonitis. Dr. Rakuza's general deductions are these: 1. The extra-peritoneal method gives by far better results than the intra-peritoneal. 2. Even under strictest antiseptic precautions the intra-peritoneal amputation is always associated with the danger of a secondary infection (through the cervical canal). 3. The operation is justified only in cases of pedunculated fibroids and in such ones where the stump is very short.—(*Transaction of the Third General Meeting of Russian Medical Men at St. Petersburg*, 1889, No. 10).

VALERIUS IDELSON (Berne).

III. Intraligamentous Tubal Pregnancy; Successful Removal By Abdominal Section of a Four-Pound Living Child with all its Appendages. By JOSEPH EASTMAN, M.D., (Indianapolis). Mrs. C., æt. 39 years, bore one child nineteen years ago. Suffered from frequent paroxysms of intense pain and rapidly increasing abdominal enlargement, since